

## SUBSTITUTE for PTO/SB/01 (09-04), DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>	Attorney Docket Number	21156Y
	First Named Inventor	Catherine Abbadie, et al.
	<b>COMPLETE IF KNOWN</b>	
	Application Number	
	Filing Date	
	Group Art Unit	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing         OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	

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As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CCR-2 ANTAGONISTS FOR TREATMENT OF NEUROPATHIC PAIN

(Title of the Invention)

the specification of which

☒ bears the Attorney Docket Number and Title of the Invention noted above

OR

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent or inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Attorney Docket Number
60/476,391	06/06/2003	21156PV
60/531,637	12/22/2003	21156PV2

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**DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s) with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

- ☒ Practitioners Associated with the Customer Number **000210**  
OR  
☐ Registered practitioner(s) named below

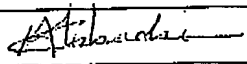
Name	Registration Number	Name	Registration Number
David Rubin	40,314	David L. Rose	26,332

Direct all correspondence to: ☒ Customer Number **000210**

Name	David Rubin				
Address	Merck & Co., Inc. - Patent Department				
Address	P.O. Box 2000, RY60-30				
City	Rahway	State	NJ	ZIP	07065-0907
Country	USA	Telephone	(732)594-2675	Fax	(732)594-4720

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname	
Catherine		Abbadie	
Inventor's Signature		Date	11 Jan. 2005
Residence: City	Summit	State	NJ
		Country	US
		Citizenship	FR
Mailing Address	Merck & Co., Inc. P.O. Box 2000		
City	Rahway	State	NJ
		ZIP	07065-0907
		Country	U.S.A.

☒ Additional inventors are being named on the 1 supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto.

## DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S)  
Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Jill Ann		Lindia	
Inventor's Signature			Date 11 JAN 05
Residence: City	South Plainfield	State NJ	Country US
Mailing Address	Merck & Co., Inc. P.O. Box 2000		
City	Rahway	State NJ	ZIP 07065-0907
Country	U.S.A.		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Hao		Wang	
Inventor's Signature			Date
Residence: City	Fort Washington	State PA	Country US
Mailing Address	10 Sentry Parkway, Walton Rd, Stenton Ave, and Sentry		
City	Blue Bell	State PA	ZIP 19422
Country	U.S.A.		
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Mailing Address			
City		State	ZIP
Country			
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Given Name (first and middle [if any])		Family Name or Surname					
Catherine		Abbadie					
Inventor's Signature	Date						
Residence: City	Summit	State	NJ	Country	US	Citizenship	FR
Mailing Address	Merck & Co., Inc. P.O. Box 2000						
City	Rahway	State	NJ	ZIP	07065-0907	Country	U.S.A.

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Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Jill Ann				Lindia			
Inventor's Signature						Date	
Residence: City		South Plainfield		State NJ		Country US	
Mailing Address		Merck & Co., Inc. P.O. Box 2000					
City		Rahway		State NJ		ZIP 07065-0907	
				Country		U.S.A.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Hao				Wang			
Inventor's Signature		<i>X Hao Wang</i>				Date	
Residence: City		Fort Washington		State PA		Country US	
Mailing Address		10 Sentry Parkway, Walton Rd, Stenton Ave, and Sentry					
City		Blue Bell		State PA		ZIP 19422	
				Country		U.S.A.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Inventor's Signature						Date	
Residence: City				State		Country	
Mailing Address							
City				State		ZIP	
				Country			
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Inventor's Signature						Date	
Residence: City				State		Country	
Mailing Address							
City				State		ZIP	
				Country			

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